


1074

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 12 AM 8:00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N95000000132 | | | |  | |
| 1. Entity Name AFRICAN AMERICAN MUSEUM OF THE ARTS, INC. | | | | | |
| Principal Place of Business 325 S CLARA AVE DELAND, FL 32721-1319 | | | Mailing Address P O BOX 1319 DELAND, FL 32721-1319 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3277908 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JOHNSON, IRENE D 2137 LAKEBREEZE WAY DELTONA, FL 32738 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAXWELL, JOHNSON 2137 LAKEBREEZE WAY DELTONA, FL 32738 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMOKES, CARRIE B 721 S STONE ST DELAND, FL 32720 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100027767211 01/29/04--01024--001 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JABBS, LORETTA 2714 LONE FEATHER DR ORLANDO, FL 32837 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 01/29/04 01024--001 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, HENISHA 3340 GEORGE SAULS STREET DELTONA, FL 32738 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR JAMES, PATRICIA H 2171 VANCE ROAD DELTONA, FL 32738 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, IRENE D. 2137 LAKEBREEZE WAY DELTONA, FL 32738 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>See sheet attached</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |



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Document Number

N95000000132

Business Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

FEI Number

593277908

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

325 S CLARA AVE

Suite, Apt. #, etc.

City, State

DELAND

FL

Zip Code & Country

32720

US

Mailing Address

Address

P O BOX 1319

Suite, Apt. #, etc.

City, State

DELAND

FL

Zip Code & Country

327211319

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

JOHNSON

IRENE

D

-or- RA Business Name

Address

2137 LAKEBREEZE WAY

Suite, Apt. #, etc.

City, State

DELTONA

FL

Zip Code & Country

32738

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Document Number

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Business Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

484

Street Address 3340 GEORGE SAULS STREET

City, State DELTONA FL

Zip Code & Country 32738

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title D

Name (Last, First, Middle, Title) JOHNSON IRENE D.

-or- Entity Name

Street Address 2137 LAKEBREEZE WAY

City, State DELTONA FL

Zip Code & Country 32738

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title D
Officer/Director Signature Irene D. Johnson

Continue Reset

Start Over

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